



The Examiner

Naval Hospital, Twentynine Palms

"Serving with Pride and Professionalism"

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Spot Light on...

Maternal Infant Nursing Dept.

What's new in the Maternal Infant Nursing Dept.?

By LCDR Nancy Silk

There have been many new and exciting changes in the Maternal Infant Nursing Department over the past several months.

The Maternal Infant Ward has been open for six months now and we received special recognition from the Joint Commission for our outstanding patient education program.

We are actively cross-training all nursing staff to allow flexibility in assignments and continuum of care for the patients. Most recently, thanks to the diligent efforts of Lt.j.g. Linda Jones, NC (Labor and Delivery), Naval Hospital Twentynine Palms became the first Naval Hospital among 234 U.S. Hospitals to receive a Certificate of Intent to the Principles of the global Baby-Friendly Hospital Initiative.

This initiative, sponsored by UNICEF and the World Health Organization recognizes healthcare institutions in paving the way to establish a standard of excellence for assisting pregnant women and new mothers in one of the most rewarding experiences of motherhood... Breastfeeding.

We are joining a growing international network of health care providers from 150 countries that are committed to revitalizing their staff and services to address this essential, cost effective aspect of health care.

The Maternal Infant Nursing Department is expanding educational programs to include breastfeeding classes to be held every Saturday morning, taught by staff members who are breastfeeding instructors.



The Maternal Infant Ward has proven to be popular and comfortable for new mothers and their babies.

In remembrance of Jack Armour

Jack Armour, 58, long-time civilian employee of Naval Hospital Twentynine Palms Housekeeping Department passed away Friday, February 24, 1995 of an apparent heart attack.

Mr. Armour, first came to work at the hospital on August 8, 1986, prior to that he worked in construction as a carpenter. Mr. Armour served as a Combat Engineer in the United States Marine Corps for 21 years and completed three tours of duty in Viet Nam. He retired from the Marines at El Toro Marine Corps Air Station in 1974.

Mr. Armour was featured in the "Spot Light" of the Examiner last month.

Mr. Armour is survived by his wife of 30 years, Sekiyo, sons, Manuel, 28, of Twentynine Palms; John, 22, of Seattle, Washington; and Anthony, 10, of Twentynine Palms.

During his employment at Naval Hospital Twentynine Palms, Mr. Armour came to be viewed as a valuable employee and will be missed.

Men and Women are Different!

In case you hadn't noticed, men and women are different. We look different, we don't dress the same (with the exception of cammies), our hormones are different, our bone and muscle mass is different, and so too, our nutritional needs are also different. For ages 19 through 24 years of age, the major differences in the Recommended Dietary Allowances are:

Energy Requirements:

1,900 to 2,200 cal/day for women
2,300 to 2,900 cal/day for men

Folate

180 ug/day for women
200 ug/day for men

Iron

15 mg/day for women
10 mg/day for men

Selenium

55 ug/day for women
70 ug/day for men

And of course the woman's body changes when she is pregnant or lactating and there are different sets of requirements at that time.

So now you know some of the "what" differences and if you wish to know the "why," then be sure to come to our Women's Health Fair on March 22th to learn about the nutritional requirements of the woman's body.

The Hart of the Matter!

Managed Care in the Military— Dr. Jekyll or Mr. Hyde?

TRICARE is the military version of Managed Care. When fully implemented, what will it mean for our beneficiaries?

Managed care systems go by many names—HMOs, PPOs, IPAs, etc. Regardless of the name, there are basically two philosophies. One philosophy has the quality of patient care as the bottom line, the other has cost containment as the bottom line. These can be referred to as Jekyll Care and Hyde Care respectively as taken from an editorial on the subject from the 25 January 95 issue of the Journal of the American Medical Association. The following draws heavily on that editorial.

Jekyll Care (patient-based) encourages a personal caring relationship between the patient and the primary provider. This care plan creates a culture of practice characterized by practitioners who equate good patient care with cost-effective care, carefully measured outcomes that identify quality problems, lead to strategies for improvement, and values relationships between primary care providers and specialists. This management structure guarantees that fiscal considerations do not intrude unduly on the medical decisions that providers make on behalf of individual patients. While Jekyll Care does harass providers who routinely prescribe a \$60 bottle of antihistamines when the patient would get just as much improvement with a \$6 bottle, it does not harass providers who have sicker patients and appropriately provide more expensive levels of care for them. Profits generated in Jekyll Care are invested in continuous improvement in patient care as a way to improve efficiency.

Hyde Care (cost-based) is what is being seen now in certain civilian HMOs. Hyde Care is found in managed care organizations, often owned by insurers who have no previous experience in providing care to patients. Having minimal clinical leadership in their corporate structure, these plans aim to control cost not through efficient quality care, but through alternative cost containment measures such as exclusion of sicker patients "cherry picking", rationing by inconvenience (making it tough to get an appointment or referral), burdensome micro-management of clinical decisions, and in some cases perverse incentives for providers (deducting the cost of referring a patient to a specialist from the primary providers salary). Profits generated in Hyde Care go to the stockholders.

I believe no matter how far the military gets into managed care, we will always be a Jekyll Care (patient-focused) organization. I believe this for the following reasons:

1. Clinicians (doctors and nurses) and our closely allied Medical Service Corps run our managed care corporation. Our clinically oriented people will continue to exert a controlling influence into the future.

2. Our stockholders are our beneficiaries. Our beneficiaries and the constituencies of our beneficiaries will not tolerate the severe cost-containment measures that characterize some civilian HMOs.

3. Our national security demands military readiness. Optimum military readiness requires optimum medical care. Efficient, but high quality. A quality of care system driven by patient focus is necessary to ensure optimum military readiness.

4. And finally, it is the people that make up our health care system

that will keep the perspective on the patient. We care about the quality of the relationship we have with our patients, and we will protect that relationship from undue financial intrusion.

P.S. If anyone is curious about old Jekyll and Hyde, try Robert Louis Stevenson (first edition 1886).



Capt. S. E. Hart

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The *EXAMINER* welcomes your comments and suggestions concerning the newsletter. All comments should be forwarded to the Public Affairs Officer by the 15th of each month. The Public Affairs Office telephone number is (619) 830-2362. The *EXAMINER* staff would like to thank all those who participated in this Edition.

Master Chief's Soap Box

PRT is serious business

Here we go again, four more articles and I'm toast. Four more articles and you can color me gone! Just four more chances to wake a few of you up before I retire. What to talk about this time? How about one of your favorite topics, the "PRT" program.

By now I would hope most of you have gotten the message that this command is serious about enforcing the program. Many of you have found out the hard way that all evaluations will reflect PRT failures. Simply stated, if you fail the test you will not receive a 4.0 overall evaluation. In addition, you will not receive a 4.0 in block 27 (Military Knowledge/Performance, block 29 (Initiative) and block 31 (Military Bearing).



HMCM R.A. Lubitz

What worries and concerns me is that many of you still cannot understand why you cannot be 4.0 simply because you failed a PRT!

The new command policy published last month specifically states the maximum performance marks allowed for first time failures, second consecutive failures and those that have failed twice but not consecutively. What worries and concerns me is that many of you still cannot understand why you cannot be 4.0 simply because you failed a PRT! We are in the military and part of being in the military is being physically fit. If you fail the PRT are you demonstrating 4.0 initiative? How can you be 4.0 in Military Bearing if you can't even pass a physical readiness test or if you are starting to resemble a "beached whale."

Some of you were upset because you have failed two consecutive PRT cycles and are no longer eligible for advancement. The simple truth is if you fail two consecutive PRT cycles you don't deserve to be recommended for advancement. Being physically fit has been and always will be part of the military life style and as long as I'm your Command Master Chief you can bet that will be enforced.

As part of the Navy Medicine Team we all know that physical fitness and good health go hand and hand. There is all kinds of scientific evidence that clearly indicates that long term exercise programs contribute to prolonged good health. And trust me there is time in your day to exercise if you really want to. However it does require long term dedication and I won't lie to you, it will not be easy at first. But after about a month you will be honestly surprised at how much better you will feel. It's your health and your career and the decision is yours. But don't come to me expecting that I can do something for you after you failed another PRT. By now everyone here should know how I feel! This is the military and there simply is no longer any room in our Navy for out of shape Sailors and potential members of the Beached Whale Society of America.

Management, Union officials prepare for contract negotiations

*By CDR R.E. Connors, MSC, USN
Director for Administration*

The hospital's Commanding Officer; Executive Officer; Director for Administration; Head, Personnel Management Department; prospective Head, Personnel Management; and Civilian Personnel Liaison recently attended a three day course entitled, "Interest Based Problem Solving" in anticipation of upcoming contract negotiations with the American Federation of Government Employees (AFGE).

The AFGE local president, vice president, and prospective hospital stewards also attended.

"Interest Based Problem Solving" is an Office of Personnel Management National Training Course. It was developed by subject matter experts at the Federal Labor Relations Authority, the Administrative Conference of the United States, the Office of the American Workplace at the Department of Labor, the IRS, the Department of the Interior, and a planning group from the National Partnership Council. The American Federation of Government Employees, AFL-CIO (including local 32), the National Treasury Employees Union, and the National Federation of Federal Employees (including locals 1309 and 1332), and the Department of Labor Academy also contributed to development of the program. The course fulfills the requirement in President Clinton's Executive Order 12871 that "each agency provide systematic training of appropriate agency employees in consensual methods of dispute resolution."

Alternative dispute resolution techniques such as interest based problem solving provide a framework for understanding and practicing consensual methods of dispute resolution. These techniques vary greatly from the past traditional "power based" adversarial relationships of unions and management.

During the course, management and union officials practiced resolving hypothetical issues concerning the conditions of employment, which might typically present in a real contract negotiation. Management and union officials successfully came to consensus on these issues by deciding upon a clear issue, outlining common interests; jointly outlining options; and jointly weighing options against jointly developed criteria.

Management and union officials will meet in the near future to discuss the ground rules for upcoming negotiations. It is likely that the union and management will formulate an opening statement which professes their joint commitment to abiding by the interest based process throughout the upcoming negotiations.

The Pelikan Brief

Good Bye, and God Bless all of you at the hospital

This one really is gonna be "brief." ...Honest! This will probably be my last entry to *The Examiner*. For those who do not know, I've received orders to the USS Mobile Bay in Yokosuka, Japan. It's an Aegis Cruiser, and I'm looking forward to it a great deal. It has been a challenging and rewarding experience here at Naval Hospital Twentynine Palms, and I will miss all of you very much. The opportunity to establish a hospital Pastoral Care Program and a Command Religious Program from "scratch" is a rare one, and I have felt privileged to have been chosen to do this as this command's "first" chaplain.

I have the satisfaction of knowing that I have been the "best" chaplain this command has ever had. Since, however, I am the *only* chaplain this command has ever had, I am also the "worst." Oh well, hopefully that's not really so. But I do hope that my replacement exceeds not only all of my expectations, but my accomplishments as well. I hopefully have alleviated a lot of the initial "red tape" that accompanies a new billet, so that he or she is able to concentrate more on pure hospital ministry, and less on those "initializing" administrative necessities.

I know it doesn't seem like I've been here very long, but I assure you, I have. I spent almost 2 1/2 years with 2nd Battalion 7th Marines here at MCAGCC before I reported to the Hospital, and when I leave, my wife and I will have been here nearly 3 1/2 years. And when an operational billet (Gray and Underway), comes open, you just have to go for it! Independent duty as a chaplain on a surface warfare ship is another one of those "rare" opportunities.

Anyway I said this would be short and I've lied already, so... Good Bye, and God Bless All of You!!!

Chaplain Pelikan

Another four...



HM2 Jim Irwin signed on for another four years at a recent reenlistment ceremony officiated over by the hospital's Executive Officer, Captain Steven E. Hart.

Bringing Home Baby

By Lisa Geduld Visiting Nurse Navy-Marine Corps Relief Society

Ah yes the anticipation and preparation! The months preceding the birth of your child is filled with excitement and wonder mixed with a touch of insecurity. From the time you know you're expectant parents up until the birth of your child you experience many emotions ranging from happiness of anxiety. You ponder many important questions... will be good parents? Will we know how to take care of our child? And will we make the right decisions concerning our child's welfare? During the past nine months you've been fussed over by friends and family, and after the birth you've been waited on by hospital personnel.



Then comes the day when you bring baby home, alone! This tiny person, that seems to resemble old uncle Milton more than you or your husband, cries nonstop, eats continuously, and keeps you awake all night. Congratulations! you've just embarked on one of life's little adventures, its called parenthood. At this point your parents are probably laughing at your demise, for they know your lifestyle will change dramatically. You'll go from dining out at nice restaurants to dining in with spaghetti O's, and making deals with God for a decent night's sleep. Instead of exchanging recipes with friends, you'll be exchanging remedies for diaper rash and colic, and ransacking the newspapers for discount coupons for diapers and formula.

Despite all of your sleep deprivation, apprehension, and stress you'll be amazed just how much you can tolerate. You'll accept lower standards for housekeeping and personal appearance, not to mention entertainment. Which will usually consist of taking a whole roll of film of baby's first this or that, or watching late night re-runs of Taxi. Just when you've had enough, (it seems the child knows it), they'll usually do something cute and you'll just melt... only to find out it's your turn to change their diaper!

Good luck and congratulations on your new addition.

Disaster Drill Challenges Staff

The Naval Hospital staff participated in a base mass casualty exercise on Feb. 16 to test the command response in a disaster situation and the plans in place for treating the injured during a disaster.

The scenario, coordinated by Lieutenant Keith Ulnick, 1st Tank Battalion surgeon, called for more than 100 injured Marines and Sailors to "flow" into the triage area located behind the Emergency Department. Patients were then triaged to areas where they were given additional care.

Captain Uriel Limjoco, the command's Disaster Preparedness Officer said that the exercise went well. "We determined some areas where we can improve, such as accounting for bed usage, patient tracking, and improved triage procedures; and that is exactly what the drill is for. Now if we must perform in an actual disaster we will be better prepared."

The hospital's Executive Officer, Captain Steven Hart, who spent a large portion of the drill with the Medical Regulating Team, was impressed by the magnitude and professionalism exhibited in the exercise. "The hospital plans to continue to participate in these drills. Every time we participate we learn to be better prepared to save lives in the event of an actual disaster, and that's what we're here for."

Captain Chitwood, Commanding Officer Naval Hospital Twentynine Palms, extends his gratitude to the staff, many of whom worked long, additional hours. "It's a true testament to the level of training all staff members are committed to. To accomplish nine hours of this disaster drill while not compromising any "real" patient care shows the high level of professionalism throughout this command."



Breast Self-Exam

By Charlotte Meinecke, Nurse Educator

About one in every 10 women develops breast cancer. Breast cancer is the most common type of cancer in American women. Breast self-exams should be performed regularly by all women and especially by women with a family history of breast cancer. Most cases of breast cancer are discovered by women doing self-exams. When breast cancer is found early and treated right away, the chances for cure are much better. Decide to do regular breast self-exams.

Examine your breasts once a month at the end of your period, or when your breasts usually aren't tender or swollen. If you have already been through menopause or have had a hysterectomy, check your breasts on the first day of the month or whenever you can best remember to do it monthly.

A breast self-exam consists of following the five easy steps:

- Step One: Examine your breasts in the shower or bath. Your hands move more easily over wet skin. With your fingers flat, move gently over the entire area of each breast, checking for any lump, hard knot, or thickening.
- Step Two: Examine your breasts while standing in front of a mirror. Look at them first with your arms at your sides, then with your hands raised over your head, then with your hands pressed firmly on your hips so that your chest muscles are flexed. Look for lumps, new differences in size and shape, and swelling or dimpling of the skin. It is normal for your right and left breast not to match exactly.
- Step Three: Slowly and methodically press on the breast with the fingers of the opposite hand. With your fingers flat, work in a circular or spiral direction, beginning at the nipple and moving gradually outward.
- Step Four: Lie down and repeat step three. Put a small pillow or rolled up towel under your shoulder on your left side and put your left arm under your head. This distributes the breast tissue more evenly on your chest. Use your right hand to examine your left breast, as in Step Three, then use your left hand to examine your right breast. Feel for any lumps or thickening which cannot be felt in the same area in the other breast.
- Step Five: Squeeze the nipple of each breast gently between your thumb and index finger. Report any discharge or fluid to your doctor immediately.

If you find a lump, dimple, or discharge during your breast self-exam, see your health care provider as soon as possible. Don't be frightened. Most lumps are not cancerous, but your health care provider can make the diagnosis. When breast cancer is detected early and treated right away, the chances for cure are better. Decide to do breast self-exams regularly.

For more information or handouts of breast self-exams or other topics of interest, contact Charlotte Meinecke, Nurse Educator at Naval Hospital Twenty-nine Palms at 830-2218.

NAVOSH NOTES

Ergonomics, What does this mean?

By J. Haas

Basically Ergonomics is the science of arranging and adjusting your work environment to fit you and your body. There are six easy steps to good ergonomics. First, test your Ergonomics Quotient (E.Q.), how comfortable you are at your work station:

- Are your eyes really tired at the end of the work day?
- Are your neck and shoulders often stiff and sore?
- Do you ever feel pain or discomfort in your back while working at the video display terminal?
- Do you feel tingling, numbness, or pain in your forearms, wrists, or hands?
- Do you get stomachaches or indigestion during the day? And,
- Are your legs often stiff and cramped, or do you have swelling and numbness in your ankles and feet?

Second, adjust your chair to improve your comfort. Third, recognize your work area, a well organized and properly adjusted work station can improve your efficiency and help prevent muscle strain. Fourth, check your lighting to reduce glare and avoid eye strain. Fifth, make lifestyle changes, such as regular exercise and enough sleep. Sixth, put your E.Q. to work, once your own work area is comfortable, see if you can help someone else improve their E.Q.

Ensure your work station is arranged to fit you: Head and neck upright. Top of the screen just below the eye level. Screen at arm's length. Screen free of glare. Wrists straight and relaxed. Lower back well supported. Forearms parallel to the floor. Knees at 90 to 110 degree angle. Feet flat on the floor or on footrest.

Easy safety exercises at your work station can help relieve stress and strain. For more information, please contact the Safety Office for hand out.

Monthly Blood Pressure Screening Clinics planned for MCAGCC

Hypertension or high blood pressure is a potentially deadly disease. The presence of high blood pressure can lead to heart attack, stroke and coronary artery disease. For these reasons, the Naval Hospital Family Practice Clinic will be offering monthly mobile blood pressure screening clinics. Those eligible will include active duty service members, family members and retirees. Services will include blood pressure screening, referrals for follow-up care as needed and various educational materials. The first clinic will be held on March 28 from 1300-1530 in front of the Commissary. If there are any questions about this program please contact LT Salley Knott at extension 2094.

The Spring 1995 PRT Cycle is fast approaching... are you fast approaching readiness for the test?

Hospital receives high marks from the Joint Commission

Naval Hospital Twentynine Palms has achieved accreditation from the Joint Commission on Accreditation of Healthcare Organizations as a result of its demonstrated compliance with the Joint Commission's nationally recognized health care standards.

"Above all, the national standards are intended to stimulate



The front entrance to Naval Hospital Twentynine Palms with a nautical motif.

continuous, systematic and organization-wide improvement in an organization's performance and the outcomes of care," says John Clem, director, Hospital Accreditation Services, Joint Commission. "The military community in Twentynine Palms should be proud that Naval Hospital Twentynine Palms is focusing on the most challenging goal -- to continuously raise quality to higher levels."

Captain Carl S. Chitwood, Commanding Officer, Naval Hospital Twentynine Palms spoke of his pride in a staff whose members ask what needs to be done to be accredited by the Joint Commission. "In addition, they appreciated the educational aspect of the survey and the opportunity to interact with the team of surveyors." Captain Chitwood called the accreditation, "proof of an organization-wide commitment to provide quality care on an ongoing basis."

Since the inception and planning started for the new hospital at the Marine Corps Ground Combat Center, the past and current staff of Naval Hospital Twentynine Palms has been working toward this goal of accreditation. On Thursday February 9, a collective sigh of relief and an air of jubilation filled the hospital's hallways and offices when everyone found out that Naval Hospital Twentynine Palms received the "Seal of Approval" with a score of 96 out of a possible 100 from The Joint Commission on Accreditation of Healthcare Organizations.

"We have achieved an important goal in the history of Naval Hospital Twentynine Palms. However, we can't sit back and rest on

our laurels and let our resolve diminish in providing the best possible medical care to our patients," says Captain Chitwood "Everyone here worked many long hours to achieve this honor, not so much as for themselves, but for the patients we serve," the Captain added.

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) is the leading health care accrediting body in the world, evaluating and accrediting more than 11,000 health care organizations in the United States. The Joint Commission's board is made up of prominent public members and leaders in the health care profession. Since its founding in 1951, the Joint Commission has had one ultimate goal... to improve the quality of care for patients.

The Joint Commission inspected several areas of the Hospital with an on-site survey in December, which included: Assessment of patients; medication use; operative procedures; patient/family education; patient rights; qualifications and competency of service providers and

staff; nursing; staff training; physical environment and safety; department-specific information; diagnostic radiology services; dietary services; emergency services; laboratory services; organizational leadership and management; governing body; management and administration; information management; improving organizational performance; pharmacy services; physical rehabilitation services; social services; and respiratory care services.

"The entire staff of the Naval Hospital deserves a pat on the back for their hard work and dedication toward achieving this goal for our patients," says Captain Chitwood.

From the Chief of Staff, MCAGCC a Bravo Zulu to the Hospital Staff

I briefed the CG on your tremendous success with the Joint Certification Board. He simply couldn't be happier for the hospital staff and any prouder of your exceptional organization. Please pass to all our sincere congratulations.

While I was thrilled and excited by your most recent success and eagerly addressed that significant accomplishment, I failed to bring to your attention and give proper recognition for the profound quality impact the hospital has on both the Combat Center and the Greater Morongo Community. Our community is quickly becoming "spoiled" by your medical staff. What has become common in conversation between myself and active duty personnel, family members and retirees alike is the outstanding care and personal attention received at Naval Hospital Twentynine Palms. While I attempt to be quick to recognize your many fine accomplishments demonstrated as a result of the numerous inspection/validation programs you have recently endured, I have personally been remiss in paying tribute to the real reason for your existence -- providing daily medical care.

How easy it is to be lulled into being responsive to the evaluation trap which almost immediately identifies success or failure. However, these programs are scheduled to ensure that we perform our tasks. The almost subtle quality of service that is rendered is most often taken for granted and not properly credited. Such is the case with your hospital. You have every right to be extremely proud of your institution because your staff best exemplifies that Ford Motor Company expression "Quality Is Job 1." Bravo Zulu!

Regards, Colonel Howard C. Florence, MCAGCC 29 Palms

Naval Hospital Hard Chargers...



Lieutenant Commander Melissa J. Clifford receives a Navy Commendation Medal...



Ensign Rizanni P. Paraiso receives a Navy Commendation Medal...



HM3 Michael Bagley receives the Navy Achievement Medal...



HM1 Manuel Barcelona receives a Certificate of Commendation from the Commanding General MCAGCC...



SK3 Milan "Poz" Poxdorac receives a Letter of Appreciation from Commanding Officer Naval Hospital Twentynine Palms and a Meritorious Mast from the Commanding General MCAGCC...



HM2 Julie Wittenmyer receives a Letter of Appreciation from Captain C.S. Chitwood, Commanding Officer, Naval Hospital Twentynine Palms...

More Hard Chargers to come next issue...